

PART B - FEE(S) TRANSMITTAL

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**Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

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7590

10/04/2004

~~Timothy A. Long~~ Kevin L. Russell, Esq.
Chernoff, Vilhauer, McClung and Stenzel, L.L.P.
1600 ODS Tower
601 SW Second Ave.
Portland, OR 97204

10/27/2004 HDEMESS2 00000026 09753047

01 FC:1501 1370.00 OP
02 FC:1504 300.00 OP
03 FC:8001 6.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Kevin L. Russell	(Depositor's name)
	(Signature)
October 20 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/753,047	12/29/2000	V. S. Somayazulu	TAL:7146.092	9302

TITLE OF INVENTION: FAST TRANSFORM SYSTEM FOR AN EXTENDED DATA RATE WLAN SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TSE, YOUNG TOI	2637	375-343000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 CHERNOFF, VILHAUER,
McCLUNG & STENZEL, LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sharp Laboratories of America, Inc.

5750 N.W. Pacific Rim Blvd.
Camas, WA 98607

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies two

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by to charge any additional Deposit Account Number 03-1550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date October 20 2004

Typed or printed name

Kevin L. Russell

Registration No. 38,292

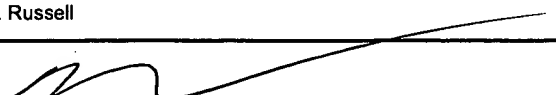
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/753,047
	Filing Date	December 29, 2000
	First Named Inventor	Somayazulu
	Art Unit	2637
	Examiner Name	Tse, Young Toi
Total Number of Pages in This Submission	Attorney Docket Number	7146.0092

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Issue Fee and postcard
<div>Remarks</div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kevin L. Russell, Reg. No. 38,292	
Signature		
Date	October 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kevin L. Russell		
Signature		Date	October 22 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Complete if Known

FEE TRANSMITTAL For FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Application Number		09/753,047
		Filing Date		December 29, 2000
		First Named Inventor		Somayazulu
		Examiner Name		Tse, Young Toi
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit		2637
TOTAL AMOUNT OF PAYMENT		(\$)		1,676.00
		Attorney Docket Number		7146.0092

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: <u>03-1550</u> Deposit Account Name: Chernoff Vilhauer McClung & Stenzel The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (Continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																																		
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specification	1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	1251	110	2251	55	Extension for reply within first month	1252	420	2252	210	Extension for reply within second month	1253	950	2253	475	Extension for reply within third month	1254	1,480	2254	740	Extension for reply within fourth month	1255	2,010	2255	1,005	Extension for reply within fifth month	1401	330	2401	165	Notice of Appeal	1402	330	2402	165	Filing a brief in support of an appeal	1403	290	2403	145	Request for oral hearing	1451	1,510	1451	1,510	Petition to institute a public use proceeding	1452	110	2542	55	Petition to revive – unavoidable	1453	1,330	2453	665	Petition to revive – unintentional	1501	1,330	2501	665	Utility issue fee (or reissue)	1502	480	2502	240	Design issue fee	1503	640	2503	320	Plant issue fee	1460	130	1460	130	Petitions to the 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1801	770	2801	385	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																		
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1201	86	2201	43	Independent claims in excess of 3																																																																																																																																																																																																																																																		
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																		
1204	86	2204	43	**Reissue independent claims over original patent																																																																																																																																																																																																																																																		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table style="width: 100%;"> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: center;">-20** =</td> <td style="text-align: center;">X</td> <td style="text-align: center;">18/9</td> <td style="text-align: center;">=</td> <td></td> </tr> <tr> <td style="text-align: right;">Independent Claims</td> <td style="text-align: center;">-3** =</td> <td style="text-align: center;">X</td> <td style="text-align: center;">86/93</td> <td style="text-align: center;">=</td> <td></td> </tr> <tr> <td style="text-align: right;">Multiple Dependent</td> <td></td> <td></td> <td style="text-align: center;">290/145</td> <td style="text-align: center;">=</td> <td></td> </tr> </table>				Total Claims	-20** =	X	18/9	=		Independent Claims	-3** =	X	86/93	=		Multiple Dependent			290/145	=		Other fee (specify) _____ Issue Fee/publication/copies fees _____																																																																																																																																																																																																																																
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SUBMITTED BY				(Complete (if applicable))	
Name (Print/Type)		Kevin L. Russell		Registration No. (Attorney/Agent) 38,292	
Signature				Date	
				October 20 2004	

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